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ABSTRACT

The South Dakota Medical Information Exchange (SDMIX) is a statewide telephone teleconferencing network which was established to provide continuing health education programs to a variety of institutions and facilities in South Dakota. The project's success is predicated on the establishment and maintenance of inter-institutional coordination and cooperation. An institution needs to first gain internal cooperation, establish internal goals for the project, and decide upon control issues. Then, internal marketing can be developed and instituted within the parent institution. Once this has been accomplished, inter-institutional cooperation for the implementation of a teleconferencing network can begin. Such cooperation should be predicated upon establishing common goals, identifying those who can make decisions to implement the network, and effective marketing. By establishing the effective inter-institutional coordination and cooperation, the SDMIX project has been able to deliver continuing education programs relevant to the needs of the state's health care providers. (Author/LMM)

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INTER-INSTITUTIONAL COOPERATION FOR EFFECTIVE TELECONFERENCING

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The South Dakota Medical Information Exchange is a statewide telephone teleconferencing network established to provide continuing health education programs to a variety of institutions and facilities in the state of South Dakota. Success of the project is predicated on the establishment and maintenance of inter-institutional coordination and cooperation. A number of salient points which influence inter-institutional cooperation are presented and discussed.

Background of the Network

Approved late in fiscal year 1980, this grant has provided for the establishment of an extensive audio teleconferencing network throughout the state of South Dakota. The University of South Dakota School of Medicine has implemented the system in cooperation with the three Veterans Administration Medical Centers in the state. The network connects 18 major locations throughout the state which are able to simultaneously share continuing education programming originating from any location. In addition, other sites can be connected to the network, thereby involving participants in even the smallest communities, as

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* The teleconferencing system described in this article has been developed under Exchange of Medical Information Grant No. 80-001-03 from the United States Veterans Administration to the University of South Dakota School of Medicine. The opinions stated in this article are those of the authors and do not necessarily represent those of the Veterans Administration.

well as connecting prominent resource people outside the state for the purposes of exchanging medical information.

This teleconferencing system is overcoming the constraints of time, distance and severe climatic conditions which are intrinsic to South Dakota and which frequently hinder delivery of and participation in continuing education. It interconnects professionals in geographically isolated areas of the state, in Veterans Administration Medical Centers and in other health care centers such as the Indian Health Service facilities, National Health Service Corps clinic, Ellsworth Air Force Base Hospital, and many public and private hospitals and nursing homes.

The network provides for a comprehensive sharing of resources and services among the participating agencies within the state and with other states which have developed teleconferencing networks. Major usages of the network are telelecturing, consultations, administrative conferencing and information transmission. On-site slides, overheads, videotapes and handout materials are delivered to the sites and viewed in conjunction with program presentation. These are used to enhance the effectiveness of the programs.

Goal and Objectives of the Network

A major goal of this project is to provide continuing health education to outlying areas of South Dakota. The specific objectives for reaching this goal are to:

1. provide more health education programs to a wider variety of participants in the state of South Dakota.

2. share and extend teaching resources in the state of South Dakota.

3. improve the cost-effectiveness of continuing health education delivery.

4. increase cooperation among the staff of the School of Medicine, the Veterans Administration Medical Centers and other facilities in South Dakota by providing additional opportunities for administrative communication through teleconferencing.

5. increase the number of consultations between South Dakota physicians and teleconference faculty through on-site and on-line meetings.

Needs of the Users

South Dakota has historically suffered from a shortage of physicians, and has one of the lowest per capita ratio of physicians to population in the United States. Significant increases in major health care services are

required in the near future since South Dakota has a rapidly expanding aging component in its population. Current trends in the geographic distribution of physicians and the geographic distribution of the elderly will continue to aggravate this situation in the future.

The existing health care delivery system of South Dakota must be improved. The University of South Dakota School of Medicine and the Veterans Administration Medical Centers of the state are utilizing teleconferencing to address the following issues:

1. coordination of existing resources within the health care delivery system.
2. referral and consultative relationships.
3. access to continuing health education.
4. opportunities for professional growth of staff.
5. routine professional contact for health care professionals who are geographically isolated.

Internal Cooperation

When an institution embarks on an endeavor such as the establishment of a statewide teleconferencing network, it is vitally important that planners attend to a number of institutional and inter-institutional factors which affect the implementation of such a project. As this major implementation effort was begun, it was apparent that before inter-institutional issues could be addressed, it was essential to secure cooperation and understanding within the parent institution.

Internal Goals. The procedure which was followed enlisted cooperation within the institution by first identifying what goals and objectives the network would address and in what priority the goals would be addressed. A task force was formed which was composed of representatives of other academic divisions which, by the nature of their own goals and objectives, would closely relate to the goals and objectives of the project. This task force set out to identify commonalities among the various units represented and to further define the specific objectives which the project would address. Once the objectives and overall goals of the project were determined, the task force was in a strong position to solicit areas of cooperation from all of the departmental units within the University of South Dakota School of Medicine.

Command and Control. The next factor addressed was the command and control issue associated with the implementation of a teleconferencing network. It was essential to decide which departments within the University of South Dakota School of Medicine would be directly involved in the implementation activities, would have control over budgetary issues, would have the sufficient resources to carry out the project, and would be in a

position to actually deliver the programs.

Internal Marketing. The next step was to actively promote the concept of teleconferencing throughout the entire institution. Top level administrative support is obviously critical but the support of individuals within the institution is also necessary for successful implementation. Mandated cooperation is seldom successful. All parties to any cooperative effort must gain something of value in order to have a successful working agreement. Various activities such as faculty development workshops were sponsored to gain cooperation among the many disciplines within the School of Medicine. Utilizing a modern interpretation of marketing, these activities could be viewed as an internal marketing effort on the part of the project task force. Marketing is defined as creating and offering something of value to others in order to achieve a desired result.

Inter-institutional Cooperation

Once internal support for the project was obtained, attention was focused on efforts to enlist cooperation between other institutions and the School of Medicine. A parallel exists between the approach employed to enlist cooperation within the institution and the approach used to enlist cooperation between other institutions and the parent institution to create the network.

Common Goals. Institutions that had goals and objectives in common with the parent institution were first identified. Those institutions which were considered to be possible users of the teleconferencing network were included in a first phase of planning. In this way the support of each individual institution was gained because these institutions felt as though they were part of the network from the beginning, and would benefit from its success.

Authority and Responsibility. After identifying the institutions to be approached, those individuals who have the authority to make the decisions concerning the application of teleconferencing within their own institutions were identified. A plan was devised to contact these individuals and to demonstrate that teleconferencing could address the goals of the individual facility. In personal discussions with the identified administrators, goals common to their institution and the network were identified. These personal discussions made it possible to demonstrate to decision makers the values of teleconferencing to their institution.

External Marketing. Following the initial discussion on goals, objectives and values, a marketing plan for statewide implementation of the teleconferencing system was devised. This marketing plan focused on a variety of strategies which had as their ultimate goal to demonstrate to the user within South Dakota the efficacy of using teleconferencing as an alternative delivery mechanism for continuing medical education programming and administrative teleconferencing.

A number of external factors become important in the success of any marketing effort. Strong leadership, especially when combined with adequate financial resources is vitally important in the success of any marketing campaign. In our case, key administrators of the Veterans Administration were actively involved in promoting the network in South Dakota.

Another important factor for success is to have a high visibility service or outcome associated with the project. Since the network offered something of value at a reasonable cost to each institution, administrators were eager to utilize the network's services. Travel cost avoidance is only part of the financial benefit for an institution cooperating with the teleconference network. Another benefit is the increased productivity of employees because staff members do not have to travel away from their facility for meetings or to participate in continuing medical education programs.

In recent months, the public awareness of teleconferencing has been increased by reports in both the print and visual media. This has greatly assisted in the promotion of this innovation to our subscribers. An example of this increased public awareness is illustrated in a January 1982 Wall Street Journal article which stated that 84% of the Fortune 500 Companies have imminent plans to use teleconferencing to some degree within the next four years. In addition, the American Telephone and Telegraph campaign to market their teleconferencing services in national media, such as television commercials and full page magazine advertisements, has assisted our marketing efforts.

Marketing Techniques

The following discussion lists some of the specific marketing techniques which were found useful in establishing a teleconference network. It was decided that a grand opening was desirable, but this was not scheduled until after the physical facilities of the network were completed and there was a statewide network of sites to illustrate what the network was accomplishing. The format for the grand opening was a statewide news conference, held via teleconference. On December 29, 1981 at 10 a.m. all media representatives were invited to attend the press conference at any one of seven locations throughout the state. Through teleconferencing the news conference reporters at all locations were able to interact with the conference moderator and to talk to other members of the media throughout the state. Thus this news conference demonstrated teleconferencing in a very dramatic way.

Prior to the news conference, press releases were mailed to all the daily newspapers in the state. This resulted in 23 articles published in local papers. Each institution which participated in the news conference received the benefit of local news coverage which highlighted that facility's interest in expanding educational opportunities for members of their staff. The news conference and the press releases served to increase enthusiasm for teleconferencing in the participating institutions.

Promotional material, including brochures, posters and program calendars were also circulated. These print materials were made available to people interested in continuing education for health care providers. Materials were posted in prominent places within institutions and were of high quality.

Another marketing technique for promoting the use of teleconferencing was to provide demonstration programs at no cost to participating institutions. This gave many institutions an opportunity to try teleconferencing, and to see if teleconferencing could meet their educational needs before any financial commitments were made. After the demonstration programs, the administrators were asked if they felt that teleconferencing could meet the needs or goals of their institutions. If the administrators were supportive of teleconferencing for their facilities, they were asked to enter into a letter of agreement with the South Dakota Medical Information Exchange.

The letter of agreement is a nonthreatening, one page description of the expectations held by each party concerning teleconferencing services. This letter of agreement describes the terms of the financial commitment on the part of the institution, the institution's commitment of resources necessary to set up a teleconference receiving station, and the service commitment on the part of the network. The network agrees to provide the teleconference station equipment and the training necessary to prepare a local program coordinator (LPC) for receiving teleconference programs. The institution agrees to provide resources which include a classroom, a telephone circuit in that room, and the services of an LPC. The LPC is responsible for publicizing upcoming programs, scheduling the room, setting up the equipment, serving as a facilitator during the teleconference program, and finally for gathering the evaluation data from each teleconference.

The LPC, who is often the in-service education director for the facility, may have the job of providing educational programs to keep staff members current on medical developments. If this is the case, they have a keen interest in the success of educational teleconferenced programs. They are also in an excellent position to provide the network staff with feedback on teleconferenced programs and comments relating to the educational needs of their facility. The LPC's are encouraged to share their requests for additional program information with the network, so that the network can provide future programs which address the needs of their facility. The LPC is a valuable outreach person for the network because they can provide on-going information concerning the needs of the professional staff at each facility.

Summary

The implementation of an effective teleconferencing network is dependent upon institutional and inter-institutional coordination and cooperation. An institution needs to first gain internal cooperation, establish internal goals for the project, decide upon control issues. Then an internal marketing plan can be developed and instituted within the parent institution

Once this has been accomplished, inter-institutional cooperation for the implementation of a teleconferencing network can begin. Such cooperation should be predicated upon establishing common goals, identifying those who can make decisions to implement the network, and effective marketing. By establishing effective inter-institutional coordination and cooperation, the South Dakota Medical Information Exchange project has been able to deliver continuing education programs relevant to the needs of the state health care providers.